



HAWAII COASTAL ZONE MANAGEMENT PROGRAM FEDERAL CONSISTENCY REVIEW

The basic application submittal for CZM Federal Consistency review includes the items listed below. Additional information may be required before and during the review depending on the project.

1. CZM Application Form
2. Detailed Project Description
3. CZM Assessment Form
4. Site Location Map
5. Project Plans or Drawings
6. Copy of the federal permit application or federal grant application – if applicable to the project.
7. Copy of the application for Section 401 Water Quality Certification – if applicable to the project.
8. Supplemental Information
Include any additional information about the project that will help the review.
For example: an environmental assessment or environmental impact statement, biological surveys, archaeological and historic surveys, physical and environmental surveys of the project site.

QUESTIONS ??? NEED HELP ???

Please call John Nakagawa at 587-2878

SEND APPLICATION TO:

Office of Planning
P.O. Box 2359
Honolulu, Hawaii 96804



Hawaii CZM Program
Coastal Zone Management

**HAWAII CZM PROGRAM
APPLICATION FOR CZM FEDERAL CONSISTENCY REVIEW**

Project/Activity Title or Description: _____

Location: _____

Island: _____

Tax Map Key: _____

Applicant and Agent Information

1. _____
Name of Applicant

Address

City & State

Zip Code

Daytime Phone

Fax Number

E-mail Address

2. _____
Agent

Address

City & State

Zip Code

Daytime Phone

Fax Number

E-mail Address

CZM Consistency Determination or Certification

✓ Check the type of application below and sign.

☐ I. Federal Agency Activity

CZM Consistency Determination: "The proposed activity will be undertaken in a manner consistent to the maximum extent practicable with the enforceable policies of the Hawaii Coastal Zone Management Program."

Signature _____
(Applicant or responsible party)

Date _____

☐ II. Federal Permit or License (Please sign below)

☐ III. Federal Grants and Assistance (Please sign below)

CZM Consistency Certification: "The proposed activity complies with the enforceable policies of Hawaii's approved management program and will be conducted in a manner consistent with such program."

Signature _____
(Applicant or responsible party)

Date _____

Send To: Office of Planning, P.O. Box 2359, Honolulu, Hawaii 96804